

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005135

Entity Name: BIZNET EXCHANGE, INC.

FILED  
Apr 10, 2008  
Secretary of State

## Current Principal Place of Business:

C/O BANK UNITED  
4101 TURTLE CREEK DRIVE  
CORAL SPRINGS, FL 33067 US

## Current Mailing Address:

C/O BANK UNITED  
4101 TURTLE CREEK DRIVE  
CORAL SPRINGS, FL 33067 US

## New Principal Place of Business:

C/O FLORIDIAN COMMUNITY BANK  
5599 S. UNIVERSITY DRIVE  
DAVIE, FL 33328 US

## New Mailing Address:

C/O FLORIDIAN COMMUNITY BANK  
5599 S. UNIVERSITY DRIVE  
DAVIE, FL 33328 US

FEI Number: 65-0696687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, HOWARD ESQ  
100 SE 3RD AVE STE 1400  
FORT LAUDERDALE, FL 33394 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GAGNON, MARC  
Address: 5599 SOUTH UNIVERSITY DRIVE  
City-St-Zip: DAVIE, FL 33328

Title: VP ( ) Delete  
Name: COHEN, HOWARD  
Address: 100 SE 3RD AVE, STE 1400  
City-St-Zip: FORT LAUDERDALE, FL 33394

Title: S ( ) Delete  
Name: KRUSE, TOM  
Address: 101 N. STATE RD 7  
City-St-Zip: MARGATE, FL 33063

Title: T ( ) Delete  
Name: WHITMORE, PAMELA  
Address: 4101 TURTLE CREEK DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: KRUSE, TOM  
Address: 101 NO. STATE RD. 7  
City-St-Zip: MARGATE, FL 33063

Title: S (X) Change ( ) Addition  
Name: COHEN, HOWARD A  
Address: 100 S. 3 AVENUE, SUITE 1400  
City-St-Zip: FORT LAUDERDALE, FL 33394-003

Title: T (X) Change ( ) Addition  
Name: RHODES, CLINTON H  
Address: 3335 N. UNIVERSITY DRIVE, SUITE 1  
City-St-Zip: DAVIE, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD ALLEN COHEN

S

04/10/2008

Electronic Signature of Signing Officer or Director

Date